

**CHILD, YOUTH & FAMILY FORMATION REGISTRATION 2025-2026**  
**St. Matthew Parish, 9329 S. Chicago Road, Oak Creek, WI 53154 414-762-4200-ext. 113, 114 or 115**

PLEASE PRINT (complete BOTH PAGES)

***Family Information***

Parish where you are a registered member: ☐ St. Matthew Parish ☐ Other: \_\_\_\_\_

PARENT(S) LAST NAME: \_\_\_\_\_

Mailing Address: \_\_\_\_\_, City: \_\_\_\_\_, WI. Zip: \_\_\_\_\_

Parent e-mail address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_  
Last First Address ONLY if different than student Cell Phone

Mother's Name: \_\_\_\_\_  
Last First Address ONLY if different than student Cell Phone

Emergency Contact name \_\_\_\_\_ Relationship \_\_\_\_\_  
Phone

**FINANCIAL INFORMATION:**

Please note that **no family will be turned away because of their financial situation.** Financial assistance is available upon request. Forms are available in the Religious Formation office. Please call if you have any questions regarding fees. **\*Parishioners with 3 or more children pay a maximum of \$350.00.**

**Total Tuition Due: \$** \_\_\_\_\_

Program (Please indicate the program time that works best)	Fee	# of children	Total Fee
<b>K3 - 5<sup>th</sup> grade</b> <input type="checkbox"/> Grades 1-5, Monday Nights, 6:30pm-7:30pm <input type="checkbox"/> Grades K3 - 5, Families of Faith, Sunday Mornings 8:30-9:45am	<b>\$100.00</b>		
<b>6<sup>th</sup> grade – 10<sup>th</sup> grade</b> <input type="checkbox"/> Grades 6-8, Monday nights, 6:30-7:30pm <input type="checkbox"/> Grades 6-8 Families of Faith, Sunday Mornings 8:30am-9:45am <input type="checkbox"/> Grades 6-8, Sunday Mornings, 8:30am-9:45am <input type="checkbox"/> Grades 9 & 10, Sunday Mornings, 11am-Noon	<b>\$150.00</b>		
<input type="checkbox"/> Youth Confirmation, Sunday Mornings, 11am-Noon	<b>\$180.00</b>		
<b>First Communion Materials Fee – for children celebrating First Communion in 2026</b>	<b>\$50.00</b>		
<b>Jesus School – During Mass for K3, K4 &amp; K5</b>	<b>\$75.00</b>		

**For Office Use Only:**

Cash\_\_\_\_ Check\_\_\_\_ Amount:\_\_\_\_\_

Date Received: \_\_\_\_\_

Initials: \_\_\_\_\_

***Student Information (Please Print): Fill out completely for all children enrolling. Specify the grade for each child.***

1. Child's Name: \_\_\_\_\_ Grade in Fall 2025 \_\_\_\_\_

Male Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

Did your child attend Religious Formation classes last year? Yes No Where? \_\_\_\_\_

Sacraments (if not baptized at St. Matthew, please provide copy of baptismal certificate) Baptism: Yes No

Reconciliation Yes No Eucharist Yes No

2. Child's Name: \_\_\_\_\_ Grade in Fall 2025 \_\_\_\_\_

Male Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

Did your child attend Religious Formation classes last year? Yes No Where? \_\_\_\_\_

Sacraments (if not baptized at St. Matthew, please provide copy of baptismal certificate) Baptism: Yes No

Reconciliation Yes No Eucharist Yes No

3. Child's Name: \_\_\_\_\_ Grade in Fall 2025 \_\_\_\_\_

Male Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

Did your child attend Religious Formation classes last year? Yes No Where? \_\_\_\_\_

Sacraments (if not baptized at St. Matthew, please provide copy of baptismal certificate) Baptism: Yes No

Reconciliation Yes No Eucharist Yes No

4. Child's Name: \_\_\_\_\_ Grade in Fall 2025 \_\_\_\_\_

Male Female Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ School \_\_\_\_\_

Did your child attend Religious Formation classes last year? Yes No Where? \_\_\_\_\_

Sacraments (if not baptized at St. Matthew, please provide copy of baptismal certificate) Baptism: Yes No

Reconciliation Yes No Eucharist Yes No

Is there anything we should know about your child(ren) in order to better serve their needs (allergies, learning disabilities, attention deficit and/or hyperactive disorders, etc.)?

**PARISH ATHLETIC PROGRAM PARTICIPATION and PHOTO RELEASE INFORMATION:** • It is the **ARCHDIOCESE Policy** that any child wishing to participate in any athletic activities sponsored by St. Matthew must be **registered and attending Religious Formation/Youth Ministry classes or attend St. Matthew School.**

\_\_\_\_ I hereby consent that any still or electronic image and/or audio recording, in which I or my child may appear, may be used by St. Matthew Religious Formation and/or by the Archdiocese of Milwaukee. I understand that these materials are being used for promotion of St. Matthew Religious Formation and/or the Archdiocese of Milwaukee. The images and/or recordings may be used to support recruitment, fundraising, evangelization, and other communication efforts. I release the staff and volunteers and I understand and agree that the use of my picture is not an invasion of privacy. Neither I, nor anyone claiming to be speaking on my behalf, will later object to the Archdiocese's use of this/these photographs.

\_\_\_\_ **I OPT OUT of still or electronic image and/or audio recording of me or my child to be used, as stated above.**

\_\_\_\_ **Full Fee Enclosed (\$350.00 maximum)**  
or contact our office.

\_\_\_\_ **Financial Need Request: Attach your completed form**

**SIGNATURE REQUIRED**

- **Signing below completes your family registration.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date